



JAE LEE <jae@lawjsl.com>

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**1/28/2022\_ Defendant's Deficiencies & Plaintiff's supp responses**

1 message

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**JAE LEE** <jae@lawjsl.com>  
To: "Gil, Alejandra R." <agil@hpmb.com>

Fri, Jan 28, 2022 at 11:40 PM



1. or any authorized representative, request that health information regarding my care and treatment be released as set forth on this form.

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE**, **MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV-RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I do not place my initials on the line on the bottom of this page, the release of such information to the person(s) indicated in Item 8.

2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 360-7450. These agencies are available to help me understand my rights.

3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

**6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL RECORDS WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Date: 8 / 21 / 2021

Signature of patient or representative authorized by law.

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

**(TV CLUB-AGEN)**

담당자 : 에이비엔강점 실장정 TEL : 02-735-0779 FAX : 02-730-3733 E-MAIL : grayline0207@naver.com

**전자 항공권 발행 확인서**

E-Ticket Passenger Itinerary & Receipt

2017 / 10 / 31

**[S] 승객 정보 (Passenger Information)**

- 승객 성명 (Passenger Name) : PARK/MINHYE MS
- 항공권 번호 (Ticket Number) : 9885937822669
- 예약 번호 (Booking Reference) : (0Z 항공) TOBIYZ (18) IONDRT

여행자보험,  
개별대비 25% 저렴하게 가입  
**CHUBB** 새마을손해보험

**[S] 여정 정보 (Itinerary Information)**

ASIANA AIRLINES 1인좌석 좌석배정

0Z 221 ASIANA AIRLINES		ASIANA AIRLINES	
도시/공항	일자/시간	터미널	클래스
출발 SEOUL INCHEON INT	14NOV 10:50		14:00
도착 NEW YORK JFK	14NOV 10:50	TERMINAL 4	OK
경유지(Via):		좌석(Seat Number):	유요 기간 : Not Valid Before
무료수하물(Baggage): 2PC		운임(Fare Basis): VLXAKU14	(Validity) : Not Valid After 31MAR18

  

0Z 221 ASIANA AIRLINES		ASIANA AIRLINES	
도시/공항	일자/시간	터미널	클래스
출발 NEW YORK JFK	22NOV 13:00	TERMINAL 4	14:30
도착 SEOUL INCHEON INT	23NOV 17:30		OK
경유지(Via):		좌석(Seat Number):	유요 기간 : Not Valid Before
무료수하물(Baggage): 2PC		운임(Fare Basis): VLXAKU14	(Validity) : Not Valid After 14MAY18

**[S] 수하물 정보 (Baggage Information)**

항공사별 수하물 정보 확인

BAG ALLOWANCE -ICN/NUK-02P/02/EA/CH PIECE UP TO 50 POUND 5/23 KILOGRAMS AND UP TO 62 LITER

INCHES/158 LINEAR CENTI METERS BAG ALLOWANCE - JFKICN-02P/OZ/EACH PIECE UP TO 50 POUND S/23 KILOGRAMS AND UP TO 62 LINEAR INCHES/158 LINEAR CENTI METERS CARRY ON ALLOWANCE ICNFK JFKICN-01P/OZ 01/UP TO 22 POUNDS/10 KILOGRAMS AND UP TO 45 LINEAR INCHES /115 LINEAR CENTIMETERS CARRY ON CHARGES ICNFK JFKICN-02- CARRY ON FEES UNKNOWN-CONTACT CARRIER ADDITIONAL ALLOWANCES AND/OR DISCOUNTS MAY APPLY DEPENDING ON FLYER-SPECIFIC FACTORS /E.G. FREQUENT FLYER STATUS/MILITARY/

항공권 정보 (Ticket Information)	
• 발행일/발행처 (Issue Date/Place)	: 31OCT17 / (17302401)
• 제한사항 (Restriction)	: NON-ENDS/NO-MILEUG/NO-OBCHNG
• 지불수단 (FOP/Tourcode)	: CASH / 7KUH98T
• 운임계산 내역 (Fare Calculation)	: SEL OZ.NYC411.20OZ SEL411.20NUC822.40END ROE1130.824 XFJFK4.5
• 항공운임 (Fare Amount)	: KRW 930,000
• 세금/기타비용 (Tax/Fee/Charge)	: 28000BP 40600US 6300YC 7900XY 4500XA 6400AY 12000YQ 5100XF ※YQ/YR/Q Code는 유류할증료 및 전쟁보험료 부담금 등입니다.
• 항공운임 총액 (Total Amount)	: KRW 1,040,800
• 취급 수수료 (TASF)	: KRW 100,000 / CASH

항공사 공지 사항 (Airline Notice)  
■ 아시아나항공으로 미주구간 이용시 서비스 관련 문의는 아래 웹사이트와 주소로 접수하시기 바랍니다.  
웹사이트: <http://us.flyasiana.com> (Contact Us)  
주소: US Customer Center Asiana Airlines, 3530 Wilshire Blvd, Suite 1700 Los Angeles, CA 90010, US  
■ 2016년 4월 1일부터 예약보도위약금 (No Show Penalty)가 부과되오니 여정 변경에 유의하여 주시기 바랍니다.  
■ 국제선 환불 신청 기한은 항공권 유효기간 만료일로부터 30일 이내입니다.

2 attachments

 Letter to Heidell Pittoni Def deficiencies & P supp resp\_ 1.28, 2022 .pdf  
286K

 Expert Report\_ John Garofalo\_.pdf  
1667K